



WATCH BWCH

Bureau of Women's and Children's Health

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Recognizing the Signs & Symptoms of a Violent Relationship

October is Domestic Violence Awareness Month. This is the time set aside for advocates and others working within the domestic violence movement to raise awareness of the issue, educate the public and increase support for those persons that experience violence in their personal relationships.

There are some "red flags" or warning signs that may indicate a propensity to violence in interpersonal relationships. If you, someone close to you, or someone you know are concerned about a relationship, asking these questions may be helpful:

- ✓ Are you afraid of your partner and how they act? (Are you afraid to go home?)
- ✓ Do you make excuses for your partner's behavior to family, friends or others?
- ✓ Does your partner embarrass you or make fun of you in front of friends, family or others?
- ✓ Does your partner use intimidation or threats to get their way? Grab, hit, punch or shove you?
- ✓ Do you try not to do anything that would make your partner angry? Does your partner blame you for everything that doesn't go right? Blame you when they feel bad or down?
- ✓ Do you feel that no matter what you say or do, it's never good enough?
- ✓ Does your partner call you several times a day, or show up just to make sure you are where you are "supposed" to be?
- ✓ Is your partner extremely jealous? Do they get angry when you spend time with friends or family?

Elderly persons, teens, gay and lesbian persons, someone who has been married for many years, or someone who has been dating for an extended length of time may also recognize some of the warning signs.

If you or someone you know believe they are in an intimate relationship

that is violent, do not expect yourself or that person to leave immediately, although that may seem the best course of action to take. Relationships are built over an extended period of time, and leaving one may also take time. Safety is always the first concern – take time to make a safety plan! Make contact with persons and/or organizations that can help you assess your relationship and plan to leave safely, if that is desired or necessary. Maintain contact with friends, family, and your faith-based community. They can be an invaluable source of strength and support.

It is important to remember, violence in an intimate relationship is NEVER your fault, and you are not alone! Fully one-third of all women in this country will experience violence in an intimate relationship at some point in their life.


For more information on shelters and safe places for victims of domestic violence, safety planning and legal resources,

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DEPRESSION DURING AND AFTER PREGNANCY

In general, clinical depression occurs in approximately 15 to 25 percent of the population, and women are twice as likely as men to experience depression. Because women are more likely to experience depression during the primary reproductive years (age 25 to 45), they are especially vulnerable to developing depression during pregnancy and after childbirth. Women who develop these disorders do not need to feel ashamed or alone; treatment and support are available.

FREE booklet on this important subject. It is available to download or to order up to 100 at a time. Please see the below links and choose what manner works the best for you.

 [Printer-friendly Perinatal Depression Booklet](http://www.ask.hrsa.gov/detail.cfm?PubID=MCH00221) (628KB):

To order up to 100 booklets at a time:
<http://www.ask.hrsa.gov/detail.cfm?PubID=MCH00221>

The US Department of Health and Human Services has provided a

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ALL ABOUT BULLYING!

There are a number of reasons to be concerned about bullying among children and youth. These reasons range from the prevalence of the problem to the impact on children who bully.

Bullying can take many forms such as:

- Physical bullying, such as hitting or punching;
- Verbal bullying, such as teasing or name-calling;
- Nonverbal or emotional bullying, such as intimidating someone through gestures or social exclusion

Children and youth also may be involved in cyber bullying, which occurs when children or teens bully each other using the Internet, mobile phones or other cyber technology. This can include:

- Sending mean text, e-mail, or instant messages;
- Posting nasty pictures or messages about others in blogs or on Web sites;
- Using someone else's user name to spread rumors or lies about someone.

Who is bullied?

Studies show that between 15-25% of U.S. students are bullied with some frequency while 15-20% report that they bully others with some frequency. (Melton et al, 1998; Nansel et al, 2001)

Boys are more likely than girls to bully others. Girls frequently report being bullied by both boys and girls, but boys are most often bullied only by other boys.

What are the consequences of bullying? Children and youth who are bullied are more likely than other children to be depressed, lonely, anxious; have low self-esteem, feel unwell, and think about suicide.

How aware of bullying are adults? Adults are often unaware of bullying problems. In one study, 70% of teachers believed they intervene "almost always" in bullying situations; only 25% of students agreed with this assessment. (Charach et al, 1995)

If you're not already familiar with the Stop Bullying Now (SBN!) website, please visit: <http://stopbullyingnow.hrsa.gov>

You can order resources by calling 1 888 ASK HRSA. Most of them can also be downloaded directly from the website.

References for Articles Cited Above:

McEvoy, A. (September, 2005). Teachers who bully students: Patterns and policy implications. Paper presented at the Hamilton Fish Institute's Persistently Safe Schools Conference. Philadelphia, PA, September 11-14, 2005.

Olweus, D. (1996). Bullying of students by teachers. Bergen, Norway.

Twemlow, S. W., Fonagy, P. ., Sacco, F. C., & Brethour, J. R., Jr. (2006). Teachers who bully students: A hidden trauma. *International Journal of Social Psychiatry*, 52, 187-198.

ROCKY MOUNTAIN PUBLIC HEALTH EDUCATION CONSORTIUM UPDATE

The mission of the Rocky Mountain Public Health Education Consortium (RMPHEC) is to improve health among women, children and families by increasing the knowledge, skills, and capacity of the current and future public health workforce, organizations and systems through:

- Workforce development
- Collaborative research
- Community engagement

One of the Consortium's greatest successes is the Maternal and Child Health (MCH) Certificate Program offered by the University of Arizona in Tucson, AZ. The Certificate Program is a terrific way for MCH staff to enhance their expertise in scholarship, leadership, and partnership in MCH practice. It is designed to provide working public health professionals with an opportunity to participate in a part-time, 12 month graduate education program that uses a variety of learning methods. Web-based courses are included, focusing on fundamentals of public health, program planning and evaluation, MCH data interpretation, cultural factors, formative research, and specialized areas such as children with special needs, substance abuse, and nutrition and physical activity. For more information, check out the website at <http://www.publichealth.arizona.edu/mch>.

Another exciting activity is happening in RMPHEC under the leadership of Dr. Rhonda Johnson at the University of Alaska Anchorage. Several community and academic partners are currently completing work on several case modules entitled, "Frontier Models of Leadership: Learning from Communities". This collaborative web-based course is currently being piloted and revised as needed over the next few months; initial modules should be available by late 2007, with the development of at least one additional module planned for 2008. For more information, please feel free to contact Dr. Johnson at Rhonda.Johnson@uaa.alaska.edu or 907-786-6545.

RECOGNIZING THE SIGNS & SYMPTOMS OF A VIOLENT RELATIONSHIP CONTINUED...

call the Arizona Coalition Against Domestic Violence: (602) 279-2900/(800) 782-6400 & TTY: (602) 279-7270 or the National 24 hour Domestic Violence Hotline (800) 799-7233 & TDD (800) 787-3224.

For more information about domestic violence, these web sites may be helpful:

- <http://endabuse.org/> - Has good information about Health Issue and DV and Battered Immigrant Issue and DV
- <http://www.ncadv.org> - A good link to many web sites and resources nationally
- <http://www.nwnetwork.org/> - for Gay, Lesbian, bisexual and trans-gender population
- <http://www.elderabusecenter.org/> - Elder abuse issues
- <http://www.cpsdv.org/> - Sexual Assault and DV - Also has a focus on the religious response to DV

COUNTY PRENATAL BLOCK GRANT: PUBLIC HEALTH'S "SILENT SOLUTION"

The County Prenatal Block Grant (CPBG) was established in 1996 to address the needs and issues of women of childbearing age in order to reduce infant mortality, low birth weight and premature birth. While the County Prenatal Block Grant exists in all 15 counties, many people throughout the state of Arizona are not aware this program. The CPBG is non-competitive and is funded with state pass-through dollars. Each county determines what is needed in their community and utilizes CPBG funding to fill those needs. Every year the counties do a miraculous job of addressing the needs of women that would otherwise go unmet.

Many services have funding sources that require specific criteria be met and in some cases, low

income women aren't eligible for those services. The CPBG is available to fill those gaps. For example, in one CPBG program, pregnant women participate in prenatal education classes that are funded by another program; the CPBG is able to fund additional women to attend these existing classes. In these classes women learn how periodontal disease may be linked to premature birth. The women also receive a free dental exam and free dental cleaning. Other examples of CPBG services include car seat safety classes and free car seat distribution, nurse home visitation to high risk pregnant women, bonding classes for new dads, childbirth education classes, douglas, breastfeeding education and support, lead poison screening, and assistance to access community

ARIZONA NEWBORN HEARING SCREENING MAKING THE GRADE

A recent article in the journal Pediatrics, "Medical Home for Children With Hearing Loss: Physician Perspectives and Practices," summarized survey data from Rhode Island. 59% of surveyed pediatricians see themselves as the medical home for their patients with hearing loss but only 43% were well informed of services for their patients.

In Arizona, the Office of Newborn Screening has a mandate to collect results of all hearing screening tests. We assist audiologists and pediatricians in connecting their patients to services available in their local areas. Our efforts have been very successful and healthcare providers statewide remain confident about the progress being made to elevate the priority of early hearing detection and intervention. Finding hearing loss early in a child's life allows for normal development of communication and language skills.

The Pediatrics article highlights that pediatricians are certainly motivated but "additional educational efforts and strategies for enhanced care coordination are needed to develop an effective, seamless medical home for children with permanent hearing loss." The Office of Newborn Screening maintains close relationships with the statewide network of individuals and organizations devoted to children with hearing loss. We also continue to enhance our website, www.AZnewborn.com, as the main way to educate parents, healthcare providers, and the general public regarding everything related to newborn screening in Arizona. Check it out today.

Source:
Dorros C. Medical Home for Children with Hearing Loss: Physician Perspectives and Practices. Pediatrics 2007; 120; 288-294.

services such as Baby Arizona, WIC and AHCCCS.

The CPBG program helps to insure that women of childbearing age and infants up to the age of two years can receive a full continuum of care, particularly in rural areas. Over 20,000 women and children are served each year through CPBG pro-

grams. For the women who participate in this program, birthweight has gone up, breastfeeding has increased and women receive prenatal care earlier than the general population.



Becoming a bureau...

The Office of Women's and Children's Health recently became the Bureau of Women's and Children's Health. This change was implemented in order for the Public

Health Prevention Services which is part of the Division of Public Health, to be more closely aligned with the other half of the division - the Preparedness side. What that essentially

meant is a lot of re-titling of offices into bureaus and in some cases, sections into offices. The Bureau of Women's and Children's Health consists of four offices: Office of New-

born Screening, Office of Community Services, Office of Planning, Education, and Partnership and the Office of Assessment and Evaluation. This has been a smooth tran-

sition and we are happy to call ourselves a bureau.



New Employees Since Our Last Edition



Tamara Rhoderick
Newborn Screening



Troi Baker
Newborn Screening



Diane Gates
Newborn Screening
Office Chief



Davina Benally
Newborn Screening